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(Signature) (Date) DATE MAILED EXAMINER AND GROUP ART UNIT FILING DATE **TOTAL CLAIMS** APPLICATION NO. 10/27/99 032 DOERRLER, 3744 10/25/00 09/428,018 First Named Applicant BELL, 0 Days. 35 USC 154(b) term ext. = TITLE OF INVERTICE HEAT EXCHANGER DATE DUE FEE DUE BATCH NO. APPLN. TYPE SMALL ENTITY CLASS-SUBCLASS ATTY'S DOCKET NO. \$620.00 01/25/01 **062-003.700** 1123 UTILITY YES 3 AMERGN.016C1 2. For printing on the patent front page, list Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Knobbe, Martens, (1) the names of up to 3 registered patent Use of PTO form(s) and Customer Number are recommended, but not required. attorneys or agents OR, alternatively, (2) Olson & Bear, LLP the name of a single firm (having as a ☐ Change of correspondence address [or Change of Correspondence Address form member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent attorneys or agents. If no name is listed, no ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for 4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks): X Issue Fee X Advance Order - # of Copies. filing an assignment. (A) NAME OF ASSIGNEE AMERIGON 4b. The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) Irwindale, CA DEPOSIT ACCOUNT NUMBER 11-1410 (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assigned category indicated below (will not be printed on the patent) Corporation or other private group entity government g Advance Order - # of Copies 22 The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application Identified above. (Authorized Signature) (Date) ន្លឹន 00000116 09428018 1/4/-01-3 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Mark J. Kertz 43,711 Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS \$400 KE ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. TRANSMIT THIS FORM WITH FEE